

Restorative and Reentry Services, LLC

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Restorative and Reentry Services, LLC's Weekly Report #18

For the Period – 3/3/2025 – 3/9/2025 Under

3rd Party Oversight Contract

Project Name: 3rd Party Emergency Cold Weather Shelter Oversight

Submitted to: Farina Brown, Thea Bemben, (Special Assistants to the Mayor), Becky Windt Pearson (Municipal Manager), Anchorage Assembly, Anchorage Health Dept., and Shelter Operators (Catholic Social Services, MASH, and Henning, Inc.)

Date: Reporting period March 3 – March 9, 2025

Date Submitted: March 13, 2025

Submitted by: Cathleen McLaughlin and Emily Robinson

A. Background

As required under the Contract For Professional Services with Restorative & Reentry Services, LLC (RRS), fully executed on October 31, 2024, RRS submits its Weekly Report for Week 18.

The Emergency Cold Weather Shelter system operated at capacity during this reporting period.

B. Contract Compliance

	Non-Compliance	Pending/ Progressing	Compliant	Comments
Catholic Social Services				
Integration, collaboration, contract compliance			X	
Health, Safety, Client Concerns			X	
Transportation			X	3.7.1 Contract language requires daily bus passes for any client who requests a bus pass. Shelter operators have not technically adhered to 3.7.1 for valid concerns. Contract language continues to be a point of discussion between AHD and all shelter operators. (on-going)
Data Reporting			X	
Henning, Inc.				
Integration, collaboration, contract compliance			X	
Health, Safety, Client Concerns			X	
Transportation			X	See Comment above re: 3.7.1 contract language
Data Reporting			X	
Warming			X	
MASH				
Integration, collaboration, contract compliance			X	MASH remains at lower day rate as noted in prior reports
Health, Safety, Client Concerns			X	
Transportation			X	See Comment above re: 3.7.1 contract language
Data Reporting			X	
ESS				
Quality			X	

Quantity			X	
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C. Shelter Operator Highlights

The following information has been voluntarily shared by program operators. The information below does *not* account for *all* program data.

- MASH - Alex 1
 - Data was not received by the time of submission of this report.
- Henning, Inc. (Alex, Merrill Field, Henning House):
 - Henning House - 1 exiting into permanent housing, 2 approved for general relief and assisted living, 3 remain employed, 2 newly employed
 - Merrill - 3 housed, 16 attended Life Recovery, 16 attended Celebrate Recovery, 12 attended AA, 5 gained employment
 - Alex – 1 newly employed, 1 exited into permanent housing, 2 awaiting background checks after being offered conditional employment, 2 completed food handlers certification.
- CSS - CWS
 - Data was not received by the time of submission of this report

D. Client Feedback

Town Hall meetings, which included individual one-on-one conversations with shelter clients, were hosted at each shelter location. Client feedback:

- The reality that some ECWS sites will be de-commissioned April 30 (based on current contracts), is a primary topic of discussion between RRS and clients. RRS proactively encourages all shelter clients to connect with case managers, housing specialists, 3rd Avenue Navigation, family, and existing community resources.
- Client concerns, as detailed in RRS Report #17, are on-going. Many clients who have been chronically homeless view winter shelter as a reprieve from living outside and struggle to create realistic life plans beyond the emergency cold weather shelter season. Some clients have expressed they have lost the ability to make decisions, (lacking ability to self-advocate). RRS has strongly encouraged clients who are having these feelings to engage with behavioral health programs.
- A lack of availability of bus passes and/or transportation to services remains a client concern at some shelter sites.

E. Incident Report/Discharge Data

Incident report data provided to the Anchorage Health Department and RRS reflects the top reasons for discharge/incidents continue to be:

1. Discharges - Missed curfew, violation of rules, and unsafe or aggressive behavior.
2. Incidents

- a. Continued reports of emergency medical support interventions, for physical and/or mental health issues that require Emergency Medical Services (EMS), APD MIT, and/or AFD MCT.
- b. Incident involving drugs at one shelter site. APD managed the situation with the shelter operator.

F. Actions and Events During this Reporting Period

1. Warming was open from 6:00 pm-8:00 am daily throughout this reporting period. Warming had a range of 55 - 70 unique individuals each day. 10 – 15 warming clients were transferred to shelter beds. Warming is scheduled to close on March 31, 2025.
2. RRS facilitated a resource sharing meeting between ECWS providers and Alaska Impact Alliance (which has created the 907 Navigation App).
3. Some living outdoors continue to transition into the shelter system, with coordination by and between shelter operators, the APD HOPE team, the Mayor’s office, RRS and ACEH.
4. RRS received between 15 – 20 calls from former shelter clients who wanted to return to shelter. These clients were referred to ECWS operators. Real-time responses to clients is occurring as a result of the strong collaboration between the shelter operators and RRS.
5. RRS and ECWS operators have begun discussing how to address the REAL ID process and how the requirement of having a REAL ID for travel will impact the unhoused and shelter clients.
6. APD and ECWS shelter operators are scheduling meetings and trainings to discuss and train around appropriate responses, processes and protocol regarding discovery and management of drugs, weapons, and/or illegal activity at and around shelter sites.

G. RRS’s Recommendations, Conclusions and Summary

1. Case management at all sites has primarily focused on assisting clients to get IDs, food stamps, and completing housing applications. Case management has limitedly focused on linking clients to existing community providers who are not housing-focused. Each week, RRS hosts a meeting with ECWS shelter operators and AHD which includes a presentation by a community provider (apprentice programs, behavioral health, substance misuse/recovery, etc.) RRS strongly recommends that case management at each ECWS site be enhanced to include opportunities for clients to link to existing community programs that offer supportive services that can improve a shelter client’s situation.
2. Best practices are to provide real-time response to a client’s needs. (on-going)
3. Real-time integration, timely decision-making, and partnership by and between community programs. (on-going)
4. Real-time hospital discharge-to-shelter processes continue to improve but are not fully systematized. (on-going)
5. Proactively invite community providers to come to shelter sites (on-going).

Respectfully Submitted, Cathleen N. McLaughlin, J.D./M.B.A., Emily Robinson, MS